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## FERENCE & ASSOCIATES

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### USPTO FACSIMILE COVER SHEET

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: November 27, 2006  
Pages: 20 pages (including this cover sheet)

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#### MESSAGE:

#### METHODS AND APPARATUS FOR SELF-DESCRIBING DEVICES

Application No. 09/503,067

Examiner E. Chang

Art Unit 2116

Amendment Transmittal

Petition and Fee for Extension of Time

Amendment

YO-999-567

(590.003)

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Amendment Transmittal

Atty. Docket No. YO-999-567  
(590.003)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Dono et al.  
Serial No. : 09/503,067 Examiner : Eric Chang  
Filed : February 12, 2000 Group Art Unit : 2116  
For : METHODS AND APPARATUS FOR SELF-DESCRIBING DEVICES

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

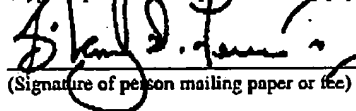
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on November 27, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

Page 1 of 2

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5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	29	-	** 32	=	* 0	x	\$25	=	O	x	\$50	= 0
Ind. Claims	3	-	*** 4	=	* 0	x	\$100	=	O	x	\$200	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$180	=	O	+	\$360	=
							<b>TOTAL</b>	= \$	O		<b>TOTAL</b>	= \$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space  
 \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By Stanley D. Ference III  
Stanley D. Ference III  
Reg. No. 33,879

Dated: November 27, 2006

Mailing Address:

Customer No. 35195  
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